

Case Number:	CM15-0032496		
Date Assigned:	02/26/2015	Date of Injury:	08/16/2001
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female, who sustained an industrial injury reported on 8/16/2001. She has reported continued functional deficits, without pain, following a right mini open rotator cuff repair on 5/29/2014. The diagnoses were noted to include rotator cuff sprain/strain; adhesive capsulitis of shoulder; supraspinatus full-thickness tear with tendinosis and myotendinous interstitial tear; and internal derangement of right shoulder including rotator cuff tear. Treatments to date have included consultations; diagnostic imaging studies; several right shoulder surgeries; 26, + 12 additional, post-operative physical therapy sessions; home exercise program; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 2/5/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/23/2015, for additional right shoulder occupational therapy, 3 x a week x 4 weeks, to focus on aggressive passive and active assisted stretching exercises; in conjunction with a home exercise program. The Medical Treatment Utilization Schedule, surgical treatment guidelines, shoulder complaints, post-operative physical therapy sessions; and the American College of Occupational and Environmental Medicine Guidelines, chapter 9 shoulder disorders recommendations, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional right shoulder occupational therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Physical Therapy.

Decision rationale: The attached medical record indicates that the injured employee has participated in 38 sessions of postoperative physical therapy and has also received instruction on a home exercise program for the shoulder. Considering this it is unclear why there is request for a return to formal physical therapy. Without additional justification, this request for additional right shoulder occupational therapy is not medically necessary.